

Office of the City Clerk P.O. Box 1293 Albuquerque, NM 87103 Phone (505) 768-3030 Fax (505) 768-2845

www.cabq.gov/clerk

Please add my name to the Auto List

ABSENTEE APPLICATION REQUEST
LAST/FIRST NAME, MIDDLE INITIAL: Print or type voter's name as registered
BIRTHDAY OR VOTER REGISTRATION #:
ADDRESS: Street address as registered
TELEPHONE NO:
MAIL APPLICATION TO:
☐ THE ABOVE ADDRESS ☐ THE ADDRESS NOTED BELOW
ADDRESS:
CITY/STATE/ZIP:
Date Requested:
SIGNATURE OF VOTER:
Do not fill out below - For City Clerk's Office Use Only
DATE APPLICATION (S) MAILED:
CLERKS INITIALS: